

# ADDITIONAL LOCATION

## ADDENDUM

TO THE MERCHANT PROCESSING AGREEMENT



Office # \_\_\_\_\_

Agent # \_\_\_\_\_

SIC CODE # \_\_\_\_\_

Existing Merchant # \_\_\_\_\_

### MERCHANT INFORMATION

Legal Name of Business				DBA (Doing Business As)			
Location/Site Address				City		State	ZIP
Mailing Address				City		State	ZIP
Company Phone Number		Descriptor Phone Number		Fax Number		Contact Name	
Tax ID		Company Website Address (URL)				Company E-Mail Address	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Private Corp.	<input type="checkbox"/> Tax Exempt Corp.	<input type="checkbox"/> Limited Liability Company	State Filed:	
Merchant sells: (specify product, service and/or information)				Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None			
Are the products/services sold at this location are the same as the primary location? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Reprogram		Do you use any third party to store, process or transmit cardholder's data? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", name of company, address and phone):					

### TRANSACTION INFORMATION

<b>FINANCIAL DATA</b>		<b>WHERE IS SALE TRANSACTED?</b>		<b>HOW IS TRANSACTION COMPLETED?</b>	
Average MONTHLY VISA & MC & Discover Volume \$ _____		Store Front/Striped _____ %		Electronic data capture (swiped) _____ %	
Average VISA & MC & Discover Ticket (estimate past processing) \$ _____		Internet _____ %		Manual entry with Imprint _____ %	
Highest Ticket Amount \$ _____		Mail Order _____ %		Manual entry, no card present, no imprint _____ %	
<input type="checkbox"/> Seasonal? Highest Volume Months Open \$ _____ (if seasonal, circle applicable months below) J F M A M J J A S O N D		Telephone Order _____ %		Voice Authorization and Capture _____ %	
		Total must equal = 100 %		Total must equal = 100 %	

### OWNERSHIP INFORMATION (List principals names that own combined at least: 51% for corporations, 100% for partnerships.)

Principal Name (First, MI, Last) 1)		Title	Ownership (%)	Date of Birth (mm/dd/yyyy)
Home Address		City	State	ZIP
Social Security #		Driver License #	Dr.Lic. State/Exp Date	Personal residence For how long? <input type="checkbox"/> Own Yrs. <input type="checkbox"/> Rent Mo.

### CREDIT / DEBIT AUTHORIZATION

BANK NAME _____		MERCHANT hereby authorizes SERVICERS in accordance with this MERCHANT Processing Agreement to initiate debit/credit entries to MERCHANT'S checking account, as indicated below. The authority is to remain in full force and effect until (a) SERVICERS have received written notification from a MERCHANT of its termination in such a manner as to afford SERVICERS reasonable opportunity to act on it; and (b) all obligations of MERCHANT to SERVICERS that have arisen under this Agreement have been paid in full. This authorization extends to such entries in such account concerning processing fees, lease, and rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees, and amounts due for supplies and materials.
BANK ROUTING # _____		
BANK ACCOUNT # _____		

### MUST ATTACH VOIDED CHECK FROM THIS ACCOUNT

### EQUIPMENT

Terminal <input type="checkbox"/> Model _____	Pin-pad <input type="checkbox"/> Model _____
Printer <input type="checkbox"/> Model _____	Check reader <input type="checkbox"/> Model _____
Software <input type="checkbox"/> Model _____	Misc. <input type="checkbox"/> _____

**TERMINAL PROGRAMMING:** ☐ Gift Cards ☐ Wireless ☐ Level II P-Cards ☐ Level III P-Cards ☐ Retail (80% swiped) ☐ Retail (with tips) ☐ Restaurant (with tips)  
☐ Petroleum ☐ Lodging ☐ MOTO (AVS req.) ☐ AVS ☐ 4 Digit Verification ☐ Invoice # ☐ Server ID  
**Dial Out Code:** ☐ None ☐ «8» ☐ «9» ☐ Other« \_\_\_\_\_ » **Auto Batch Closing Time:** ☐ Default 11:59PM ☐ Other« \_\_\_\_\_ »

Is there an existing Manual Imprinter at this location? ☐ Yes ☐ No  
 Number of Imprinter Plates \_\_\_\_\_ **Merchant acknowledges that an imprinter is required for any non-swiped transactions.**  
**Equipment is:** ☐ Reprogram; **Provided by:** ☐ NMC ☐ Merchant ☐ Agent **Ship to:** ☐ Merchant ☐ Agent  
☐ Ship Welcome Kit Only; **Call Merchant for:** ☐ Download ☐ Training  
 Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

COMMENTS:

# SCHEDULE OF CHARGES / FEES

Qualified Rate (Electronic)	Authorization Fee		
<input type="checkbox"/> VISA..... % \$	Voice Authorization	\$ 1.00	<i>Select those that apply:</i> <input type="checkbox"/> Wireless Set Up Fee .....\$35.00 <input type="checkbox"/> Wireless Trans. Fee.....\$ 00.10 <input type="checkbox"/> Wireless Data Monthly Fee.....\$ 19.95  OTHER \$ OTHER \$
<input type="checkbox"/> MasterCard..... % \$	AVS Voice Authorization	\$ 1.50	
<input type="checkbox"/> Other: ..... \$	VRU and ARU Fee	\$ 00.75	
<input type="checkbox"/> American Express # ..... \$	Chargeback Fee	\$ 30.00	
<input type="checkbox"/> Discover Network # ..... \$	ACH/Batch Fee	\$ 00.20	
<input type="checkbox"/> JCB.....# ..... \$	Retrieval Request	\$ 10.00	
	Monthly Minimum Fee	\$ 20.00	
	Service Fee	\$ 10.00	
	Merchant Club		
	Application Fee		

Qualified Rate is assessed when your transactions meet certain criteria set by the applicable Association and Processor. When your Card transactions fail to meet those qualification criteria, we will process your transactions at the higher Mid-qualified Discount Rate of \_\_\_\_\_ % + \$.10 or in certain circumstances, at a Non-qualified Discount Rate (Standard\*) of \_\_\_\_\_ % + \$.10 both rates are a surcharge to the qualified rate. A rewards surcharge of \_\_\_\_\_ % + \$.10 will apply. An interchange transaction fee of \$00.1073 is assessed on each bankcard transaction. Rates may appear on your statement as Electronic or Standard.

## SIGNATURES

Merchant acknowledges and agrees that this Additional Location Addendum is an addendum to, and not a cancellation of, Merchant's existing Merchant Processing Agreement with NMC. The purpose of this Additional Location Addendum is to memorialize an agreement whereby the services provided by NMC to Merchant under the existing Merchant Processing Agreement shall be expanded to include Merchant's additional business location. By executing and entering into this Additional Location Addendum, Merchant's and NMC's rights and obligations set forth in the existing Merchant Processing Agreement survive in their entirety except where expressly modified by any terms set forth herein this Additional Location Addendum.

### Merchant's Business Principal / Officer:

Signature X \_\_\_\_\_ Title \_\_\_\_\_ Print Name Of Signer \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL GUARANTEE:** The undersigned Guarantor hereby guarantees to NMC and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Merchant, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. NMC and Bank shall not be required to first proceed against Merchant or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of NMC and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.

### Personal Guarantee

Signature X \_\_\_\_\_ Print Name Of Guarantor \_\_\_\_\_ Date \_\_\_\_\_

### ACCEPTED BY NATIONAL MERCHANT CENTER

Signature X \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

### Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598

Signature X \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_